

Commonwealth of Massachusetts Medical Assistance Program Provider Manual Series STERILIZATION CLINIC MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX E: UTILIZATION MANAGEMENT PROGRAM	PAGE E-1
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INFORMATION REQUIRED FOR THE UTILIZATION MANAGEMENT PROGRAM

The following is a list of basic information required for all hospital reviews. Additional information may be requested according to the type of review being conducted and in response to the details of any particular case.

1. the recipient's name
2. the recipient's sex
3. the recipient's date of birth
4. the recipient's Medicaid identification number
5. the recipient's address
6. the guardian's name and address, if applicable
7. if the recipient has a primary care clinician (PCC), the name of the PCC and one of the following is required:
 - a. the telephone number of the PCC;
 - b. the provider number of the PCC; or
 - c. the address of the PCC.
8. the expected or actual dates of admission and discharge
9. the number of preoperative days, if applicable
10. the name of the attending physician
11. the name of the hospital
12. the primary and secondary diagnoses
13. the primary and secondary procedures, if applicable
14. the ICD-9-CM codes for both the diagnoses and procedures, if available
15. other information relevant to the assessment of the appropriateness of the treatment site or length of stay (for example, available support services and restrictive home environment).

For the concurrent review component the following information must **ALSO** be provided.

1. relevant clinical and patient-history information;
2. a list of the identified or potential barriers to discharge; and
3. the name and telephone number of the person responsible for the discharge planning.

*Please note: Information pertaining to the primary care clinician is not required if the admission is for dental, oral surgery, family planning or abortion services.

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CONTACT FOR UTILIZATION MANAGEMENT PROGRAM

The address and telephone numbers of the Division's designee for the Utilization Management Program are given below. (See 130 CMR 450.207 through 450.211 for the Utilization Management Program regulations.)

MassPRO, Inc.
 235 Wyman Street
 Waltham, MA 02154-1231

Telephone: 1-800-732-7337
 Fax: 1-800-752-6334